

PTO/SB/01 (12-97)

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	Attorney Docket Nun	nb r	SRX 110
DECLARATION FOR UTILITY OR DESIGN	First Named Invento	r	Judith Fitzpatrick
PATENT APPLICATION	COMPL	ETE I	F KNOWN
(37 CFR 1.63)	Application Number	09	526,582
	Filing Date	Mar	ch 16, 2000
☐ Declaration ☐ Declaration ☐ Submitted OR ☐ Submitted after Initial	Group Art Unit		
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name		
	<u> </u>		

As a below named inventor	r, I hereby declare that:				
My residence, post office add	dress, and citizenship are a	as stated below next to my	name.		
I believe I am the original, fire names are listed below) of the METHOD AND I AND THE RATIONAL AND THE RATIO	ne subject matter which is concerned.  DEVICE FOR DE	laimed and for which a pare ETECTION OF A	tent is sought on	the invention ent	tor (if plural itled:
the specification of which is attached hereto		e of the Invention)			<del></del>
OR was filed on (MM/DD/	YYYY) 03/16/2000	as Unite	d States Applicat	tion Number or Po	CT International
Application Number 09/520	5.582 and wa	as amended on (MM/DD/Y	YYY)		(if applicable).
I hereby state that I have revi amended by any amendment	ewed and understand the o	contents of the above ident	tified specificatio	n, including the cl	aims, as
I acknowledge the duty to disc			defined in 37 CF	R 1.56.	
I hereby claim foreign priority certificate, or 365(a) of any P America, listed below and have or of any PCT international app	CT international application also identified below by o	n which designated at lea checking the box, any forei	ist one country ( ign application fo	other than the UI or patent or invent	nited States of 1
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	by Attached?
			0000		0000
Additional foreign application	on numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached here	eto:
I hereby claim the benefit un	der 35 U.S.C. 119(e) of an	y United States provisional	l application(s) lis	sted below.	
Application Number(s	Filing Date	(MM/DD/YYYY)			
60/124,562	March 16, 19	99	numb supple	onal provisiona ers are listed or emental priority SB/02B attache	n a data sheet

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Method and Device for Detection of AP	O A, APO B and the Ratio Thereof in Saliva
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**DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** (if applicable) Number (MM/DD/YYYY) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: 

Customer Number Place Customer Number Bar Code Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Number 31,284 Patrea L. Pabst 41,074 Robert A. Hodges 42,737 Kevin W. King Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number OR X Correspondence address below or Bar Code Label Patrea L. Pabst Name Arnall Golden & Gregory, LLP Address 2800 One Atlantic Center, 1201 West Peachtree Street Address 30309-3450 GA Atlanta State ZIP City Telephone (404)873-8794 (404)873-8795 United States Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname **Fitzpatrick** Judith Inventor's Date Signature Temafly US Residence: City Citizenship 236 Highwood Avenue **Post Office Address** Post Office Address Tenafly NJ 07670 US State ZIP Country 🖆 Additional inventors are being named on the 🔝 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



PTO/SB/02A (3-97)

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## **DECLARATION**

Please type a plus sign (+) inside this box → +

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if any				\ petitio	n has been filed	1 for this	unsigne	ed inve	entor
Given Nan	ne (first and middle [if any])					Family Nan	ne or Su	ımame		
R	egina B.					Lenda				
Inventor's Signature	Regime B.	' Le	w	Ce			4	Date	20	
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Post Office Address						<del></del>		1		
City	Wesley Hills	State	NY		ZIP ]	10977	Country	US		
Name of Addition	nal Joint Inventor, if any	/: ]		′	A petitio	n has been filed	d for this	unsigne	ed inve	entor
Given Name (first and middle [if any])			T	Family Name or Sumame						
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Inventor's Signature								Dat	е	
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Post Office Address			<del></del>		Т	Ti	1			****
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Name of Additio	nal Joint Inventor, if an	y:			A petitio	on has been file	d for this	s unsign	ed inv	entor
Given Na	ame (first and middle [if any])	)				Family Nar	me or S	umame		
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Inventor's Signature								Dat	te	
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Post Office Address	3				<del></del>		<del></del> -	—— <u>¬</u>		
City		State			ZIP		Co	ountry		

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Filed: March 16, 2000

Inventor's

Signature

City



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D	ECLARATION		OFMA <sup>SA</sup>		ADDITION Suppl Pag	IAL INVI emental ge <u>l</u> of	ENTOR(S I Sheet I <u>l</u>	)
Name of Addition	nal Joint Inventor, if any	/:		A petiti	on has been file	ed for this	s unsigned	inventor
Given Na	me (first and middle [if any]	)			Family Na	me or Su	umame	
F	Regina B.		_		Lenda			
Inventor's Signature							Date	
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Post Office Address				-				
City	Wesley Hills	State	NY	ZIP	10977	Country	US	
Name of Addition	nal Joint Inventor, if any	/:	_	A petit	on has been file	ed for this	s unsigned	inventor
Given Na	me (first and middle [if any]	)		Family Name or Surname				
Christopher L.			\	Jones				
Inventor's Signature	[ (Mu)		p				4/11/0( Date	)
Residence: City	Riverdale	State	NJ	Country	US		Citizenshi	US
Post Office Address	P. O. Box 303							
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	Riverdale	State	NJ	ZIP	07457-0303	Count	_ US	

Citizenship Residence: City State Country Post Office Address Post Office Address

State

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